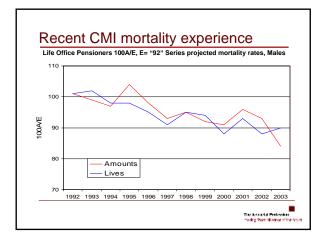


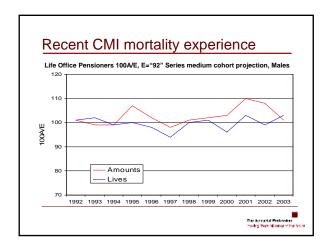
Agenda

- Recent CMI mortality experience
- New mortality tables
- Self-Administered Pension Schemes (SAPS) investigation
- Mortality Improvements
- CMI Mortality Projections work
- Where Next?

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New "00" Series base tables

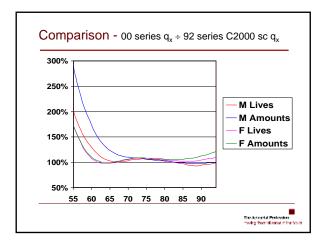
- AM00 & AF00, 2 year select) Combined, Smoker
- TM00 & TF00, 5 year select) & non-smoker
- PMA, PML, PFA, PFL
 - Normal, Early, Combined
- PPM,PPF (new, lives only)
- Vested, Deferred, Combined
- IML, IFL (No amounts this time, funny data)
- WA, WL
- RM, RF (lives only, as before)
 - Vested, Deferred (new), Combined (new)

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New "00" Series base tables

- Proposed Tables
 - WP12 Assured lives April 2005
 - WP16 Pensioners & annuitants Sept 2005
- Minor revisions after consultation
- Final tables due out shortly
- Will then seek approval from FIMC

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Developments in Longevity

Agenda

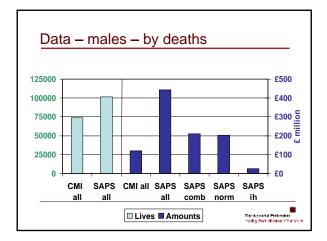
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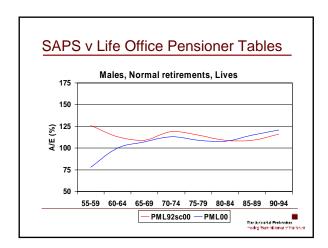
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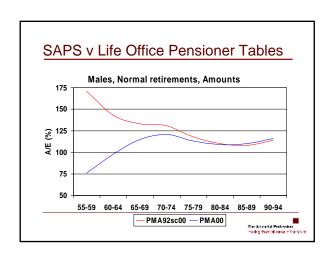
SAPS investigation

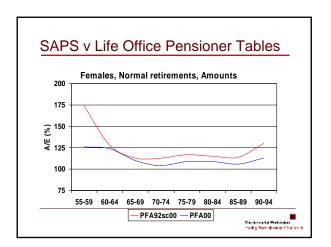
- Reports to Technical Support and Research Committee of the Pensions Board
- Based on data submitted by consultants (11 so far)
- 255 schemes with 2.67m records
- Current focus 2000 2003
- 13 industry types, significant amounts of data for 7
- 3 Working Papers published to date: WP4, WP9 and WP17 (all available on CMI pages of www.actuaries.org.uk)

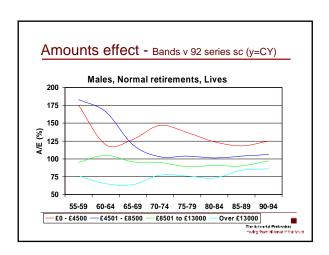
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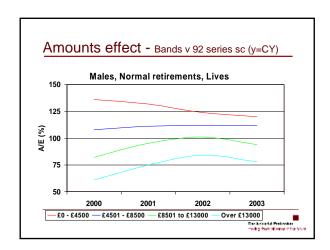










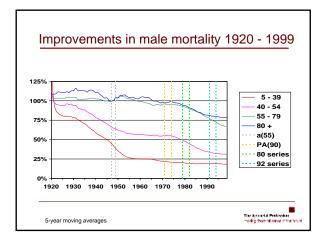


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Improvements at younger ages

- Conquest of infectious diseases
 - TB, typhoid, measles, scarlet fever, diphtheria

% of deaths from infectious diseases (E&W)										
Ages	1901 -	- 1910	2001							
	Male	Female	Male	Female						
1 – 14	43%	47%	6%	6%						
15 – 44	46%	49%	2%	3%						
45 – 64	16%	11%	<1%	<1%						
65 +	4%	5%	<1%	<1%						

Source - "Longevity in the 21st Century" Willets et al (2004)

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Improvements at older ages

- Significant improvements in treatment of killer diseases
 - cancer, heart and respiratory diseases
- Smoking cessation ongoing effects
 - Reduction in heart disease almost back to "neversmoker" status after 10 years
 - Effects on lung cancer rates take 20+ years to work off (if at all)

Source - "The Cohort Effect: Insights and Explanations" Willets (2004)

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Will mortality continue to improve?

Professor Jay Olshanksy University of Illinois, Chicago

University of Illinois, Chicago
Olshanksy argues that mortality will not
continue to improve at its current rate. The
main reasons he gives are obesity, the
spread of disease and, most importantly, the
existence of biomechanical limits on our
lifespan.

Professor Shripad Tuljapurkar
Sanglord University, California
Study assumes that Iflespans increase in line
with current trends until 2010, but that antiageing technologies would then become
available that would prolong life much further.
These drugs and therapies would cause
mortality to decline five times faster than
historical rates between 2010 and 2030, before
normal service was resumed.

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The two way table for q_x

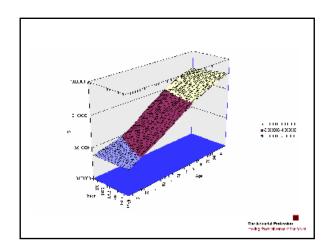
Age	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
60														
61														
62														
63														
64														
65	•								•					
66	•									•				
67	•										•			
68	•											•		
69	•												•	
70	•													•
71	•													
72	•													
73	•													
74	•													
75	•													
76	•													
77	•													

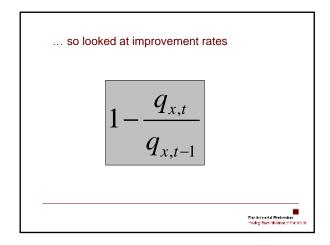
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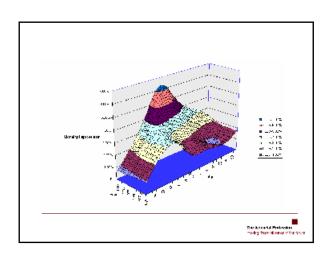
The datasets

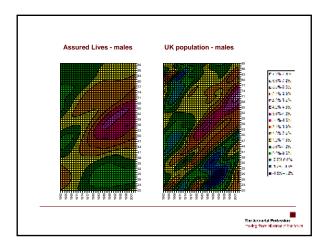
- Crude q(x) by age and calendar year
- For lives with protection and savings products
- 1947 to 2003
- For UK population
 - 1960 to 2003
- For ages 20 to 100
- Other datasets much smaller
- Used p-splines to remove noise
- Then tried to see patterns

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Overview on recent CMI work on projections

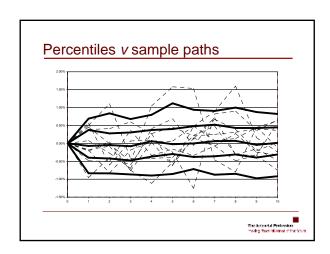
- Working Paper 1 November 2002
 An interim basis for adjusting the "92" Series mortality projections for cohort effects
 Offered a range of projections
- Working Paper 3 March 2004
 - Initial exposure of various projection methodologies
 - Consultation document to guide future work
- Working Paper 11 January 2005
 - Summary of responses to WP3
 "green light" to continue work

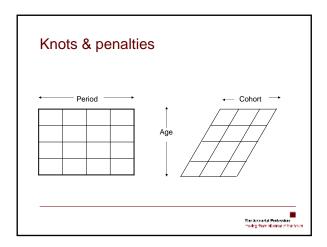
- Working Paper 15 July 2005
 Proposed 2 methods: P-spline and Lee-Carter
- Sept. 2005, Software and Data, CILA presentation
- Working Paper 20 expected March 2006
 Guidance on P-spline (Lee-Carter to follow)

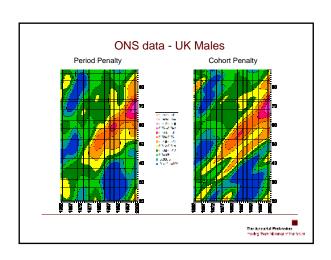
Transaction and Productions making them: Id sense of the fac-

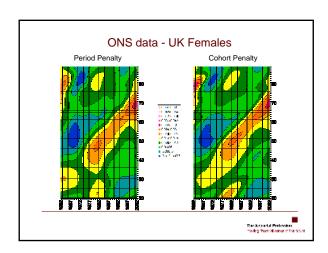
Using P-Splines to project mortality

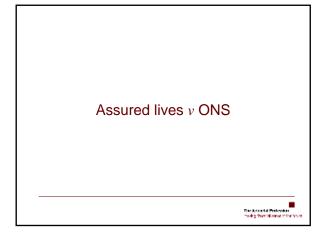
- Percentiles v sample paths
- Age-cohort v Age-period
- Males v Females
- Assured lives v ONS
- Different age ranges not illustrated
- Back-fitting

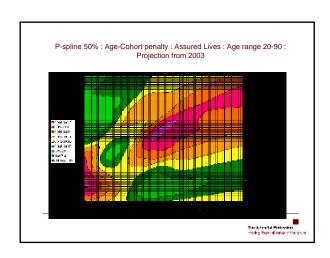


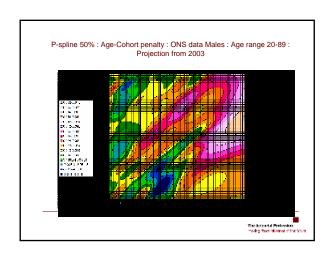


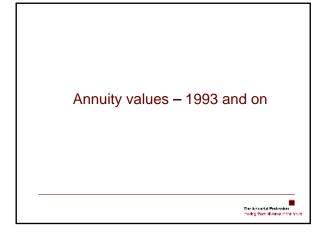


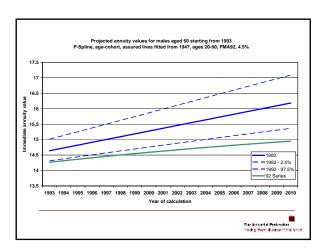


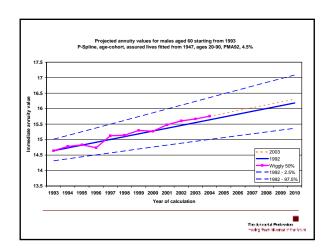


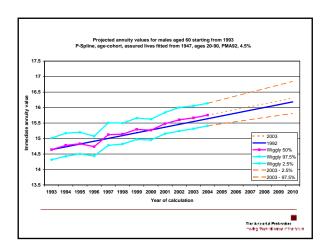


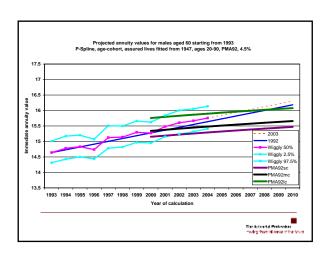


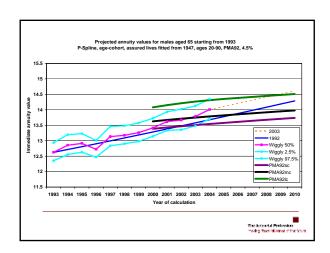


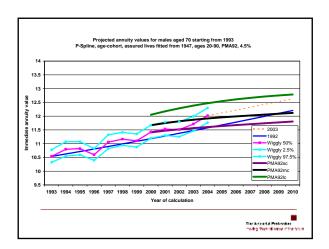


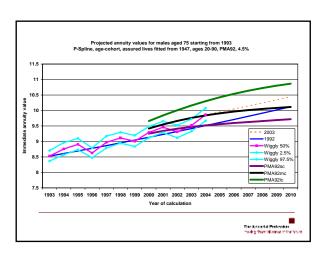












 $\ddot{a}_{\chi} \ @ \ 4.5\%$ Projection basis = male assured lives,1947 to 2003

	Male aged						
Mortality Basis	60		65		75		
PMA92u04mc	15.480		13.	786	9.842		
PMA00u04p-s50ac	15.711	101.4%	13.969	102.4%	9.846	99.4%	
PMA00u04p-s97.5ac	16.035	104.7%	14.258	104.5%	10.034	101.3%	
PMA00u04p-s2.5ac	15.416	98.6%	13.706	100.5%	9.674	97.7%	
PMA00u04p-s50ap	15.700	101.4%	13.982	101.4%	9.876	100.1%	
PMA00u04p-s97.5ap	16.216	104.7%	14.443	104.7%	10.175	103.1%	
PMA00u04p-s2.5ap	15.259	98.6%	13.589	98.6%	9.617	97.5%	

These results are based on particular "knot" parameters – different parameters will give different results. Age-cohort figures based on ages 21-90, age-period on ages 22-90 Source: CMI Working Paper 20 (inpublished)

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 $\ddot{a}_{\chi} \ @ \ 4.5\%$ Projection basis = male assured lives,1947 to 2003

	Male aged						
Mortality Basis	60		65		75		
PMA92u30mc	16.066		14.	433	10.564		
PMA00u30p-s50ac	17.966	111.8%	16.508	114.4%	12.618	119.4%	
PMA00u30p-s97.5ac	18.762	116.8%	17.404	120.6%	13.636	129.1%	
PMA00u30p-s2.5ac	17.124	106.6%	15.606	108.1%	11.670	110.5%	
PMA00u30p-s50ap	17.640	109.8%	16.234	112.5%	12.515	118.5%	
PMA00u30p-s97.5ap	18.925	117.8%	17.676	122.5%	14.174	134.2%	
PMA00u30p-s2.5ap	16.313	101.5%	14.834	102.8%	11.057	104.7%	

These results are based on particular "knot" parameters – different parameters will give different results Age-cohort figures based on ages 21-90, age-period on ages 22-90 Source: CMI (unpublished)

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Projections - sources of uncertainty

- Model uncertainty
- Parameter uncertainty
- Stochastic uncertainty
- Measurement error
- Heterogeneity
- Past experience may not be good guide (e.g. change in business mix)

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Where Next?

- "00" Series base tables
 - Final proposals, all tables Q1 2006
 - FIMC adopt base tables May 2006?
- Status of CMI projections work (work in progress)
 - P-spline working paper currently being reviewed
 - Lee-Carter working paper will follow
 - Peer reviewed, not approved exposing work to the profession will allow full review and issues to surface
- Future work
 - Other methodologies
 - Further research

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The Actuarial Profession
making thence sense of the future

Current Issues in Pensions
DEVELOPMENTS IN LONGEVITY

Bristol 24 February 2006
London 7 March 2006
Edinburgh 14 March 2006
London 3 April 2006